

Prime 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/05/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy x6 Sessions

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Psychiatrist

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

The reviewer finds that medical necessity does not exist for Individual Psychotherapy x6 Sessions.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 05/21/12, 06/07/12

Handwritten note dated 05/25/12

Appeal letter dated 05/30/12

Initial mental health evaluation dated 05/15/12

Individual treatment plan dated 05/15/12

Office visit note dated 05/15/12, 06/08/11, 04/16/10, 04/20/10, 04/23/10, 04/30/10, 05/03/10, 05/21/10, 05/28/10, 06/04/10, 06/18/10, 06/25/10, 07/09/10, 07/14/10, 07/23/10, 08/06/10, 08/27/10, 09/10/10, 09/23/10, 10/01/10, 10/22/10, 11/04/10, 11/19/10, 12/09/10, 12/17/10, 12/27/10, 01/14/11, 03/02/11, 03/03/11, 03/31/11, 04/05/11, 04/15/11, 05/03/11, 06/03/11, 06/21/11, 07/19/11, 08/05/11, 09/20/11, 10/24/11, 11/22/11, 12/22/11, 05/25/12

Handwritten medication management note dated 08/05/11

Designated doctor evaluation dated 05/12/11

Functional capacity evaluation dated 03/23/11

Maximum medical improvement and impairment rating dated 01/24/11

Operative report dated 06/11/10

Left shoulder MRI dated 06/30/11, 04/30/10

CT scan left shoulder dated 04/01/11

Independent review organization summary dated 06/19/12

Employer's first report of injury or illness, undated

Job description, undated

Authorization of release of medical records dated 04/19/10

Bona fide job offer dated 04/19/10, 04/23/10

PATIENT CLINICAL HISTORY [SUMMARY]

The patient is a male whose date of injury is xx/xx/xx. He was pulling a pallet off a truck with a pallet jack and injured his shoulder. He had left shoulder arthroscopic rotator cuff repair, decompression and debridement in June 2010. MMI/IR evaluation dated 01/24/11 indicates that the patient had a poor response to surgery initially and underwent aggressive physical therapy. The patient was determined to have reached MMI as of 01/14/11 with 10% whole person impairment.

A designated doctor evaluation dated 05/12/11 indicates that the patient has not reached MMI due to significant weakness and limitation in range of motion. Initial mental health evaluation dated 05/15/12 indicates that the patient reports he sleeps about 4-5 hours nightly. He has poor concentration, forgetfulness, feelings of frustration and desperation. The patient is not currently taking any medications. BDI is 28 and BAI is 25. Diagnosis is pain disorder associated with both a psychological and a general medical condition. The request for individual psychotherapy x 6 sessions was denied on 05/21/12 noting that the patient has not had active treatment since last year. The requesting provider noted that the patient has been working light duty but he did not know for how long. The patient has not had any active treatment to include even medications in almost a year. The denial was upheld on appeal dated 06/07/12 noting that the patient is working modified duty. The provider informed the reviewer that the reason for the request for IT was to help the patient deal with depression and stress resulting from his injury. He could not articulate the barriers to moving towards a full duty release.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

This patient has not undergone any active treatment to include medication management in almost a year. He is not currently taking any psychotropic medications. Noting that the requested individual psychotherapy is being recommended to help the patient deal with depression, the Official Disability Guidelines note that the gold standard of treatment is a combination of individual psychotherapy and medication management. There is no indication that the patient has undergone any psychometric testing with validity measures. The reviewer finds that medical necessity does not exist for Individual Psychotherapy x6 Sessions.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE

PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)